

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024872

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District

JUL 2 1962

Primary Registration District No.

1003

Registrar's No.

5774

I. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in lb
3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lutheran HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4340 Forest ParkReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Roman

Middle

Last
Lete

4. DATE OF DEATH

Month

June

Day

9, 1962

Year

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-29-1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Elevator

11. BIRTHPLACE (City and state or country)

Spain

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Pedro Lete

13b. MOTHER'S MAIDEN NAME

Maria A. Saisarvitonia

14. NAME OF HUSBAND OR WIFE

Josefa Lete

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Roman Lete Jr. 7219 Hampton St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Encephalomalacia

INTERVAL BETWEEN ONSET AND DEATH

3 days

DUE TO (b)

Cerebro vascular accident (Lgt)

3 days

DUE TO (c)

331XF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Broncho pneumonia - Terminal

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell in home

20c. TIME OF INJURY

Hour
a.m.
p.m.
6 6 6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

St. Louis

COUNTY

STATE

Mo

21. I attended the deceased from 6/6/62 to 6/9/62 and last saw him alive on 6-8-62.

Death occurred at 12:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

5203 Chippewa

22c. DATE SIGNED

6/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 11, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis

MO.

24. FUNERAL DIRECTOR

ADDRESS

Arthur J. Donnelly 3840 Lindell Blvd

25. DATE RECD. BY LOCAL REG.

JUN 10 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DN A.H. Bindeutel
5203 Chippewa

9-12

Hill 1-8028

3953 Hodelly Hill

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Francis Williamson

Licensed Embalmer No.

3565

P. O. Address

3840 Lundeell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.